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it's a willful oversight, for it is only in the last few years that the special nurse has become so much in demand, and I think the institutions of our country will eventually recognize the fact and provide for it.

X. Y. Z. makes a clear picture of the average nurse's life, that is, if you let yourself think about it at all.

I, personally, prefer any hospital cases to country work. No matter how inconvenient a hospital is, I've always been able to take more or less comfort in the thought that it might be worse. Those who have nursed in the Dacotahs, and in the neighboring states, will recognize this, with its hardships that almost border on the tragic, but I am happy to say, also, that more often they become a series of comics. I have experienced many discomforts, actual hardships, but one expects these things. You acquire much wisdom while waiting in cold depots for delayed trains, leaving your warm bed in the small hours of the morning to answer an emergency call, being rudely treated by individuals who take you for what you are not, going away out into the night, perhaps across the state, to some little town, to ride fifteen or twenty miles in a farm rig out into the country to find three or four of the family down with typhoid fever. Your eyes stick with sleep, but you get into your uniform and roll up your sleeves and pitch in and make them comfortable, because they have had absolutely no care, only what the well-meaning neighbors have been able to do for them. When you stop to think, you are having lots of trouble, and then again you think, my! but you have lots of blessings too. You are quite young "yet" and you have good health, and you just wouldn't take the man's place who brought you out to care for his dear ones. When he looks at you and you see relief soften the lines of that toil-hardened face, you know he believes in you and trusts you, and by and by you don't feel sleepy at all, but go on with Bill's bath, the mother and little Jane already resting under the magic of your fingers. It will soon be daylight, anyway, and as you go out and look across the hills and the cool, misty dawn rolls up and the light that breaks over the prairie is rivalled by the light you know you have brought into that stricken household, you feel repaid for all your trouble. X. Y. Z. wouldn't miss her comforts, for you haven't got them here. Those kind, simple people would give you anything under the sun you asked for, but you make no demands, you become one of them, and they assume an attitude toward you that is almost worship.

As you serve the lowly as faithfully as the great, you become known to the public, and it is a big, generous public after all, that treats its children well. So when you join X. Y. Z.'s "band of the afflicted" I am sure the people that make up this big public will stand by us and we'll know all our sacrifices have not been in vain.

North Dakota.

M. O. S.

ANOTHER EMERGENCY OPERATIVE CASE

DEAR EDITOR: First I would elucidate my motive for my seeming criticism of the article, "Emergency Operative Case," by Miss Drew in the November JOURNAL.

All credit is due any nurse who will unflinchingly undertake to care for an operative case in a private home, after the complete equipment a hospital furnishes—the post-operative dangers, the intolerable solicitude of the family (yet we must admit we appreciate their attitude); and the ill-arranged relief. For

what nurse will leave a very sick patient in charge of a distressed member of the family?

Do not misunderstand me when I take the liberty of comparing cases. Perhaps this little illustration will serve the purpose.

One day two little neighbor girls were discussing the merits of their families when one of them proudly asserted that her father was a brave man, and a captain in the army.

"That's nothin' " the other replied, "I heard the boys say my father was a booze-fighter."

When Dr. H. called me, my suit-case was packed and everything ready, but the train, to carry me on a much-anticipated vacation to my home 430 miles distant, but I entered into the spirit of my work and prepared for an appendectomy.

The doctor and I reached the house together, and found the patient, a young boy, very sick; indeed there was little chance of his recovery. The father, whom the doctor introduced, was sitting on the floor amidst a heap of soiled bedding, hair unkempt and stocking-footed. The mother I knew by intuition—a tired anxious face was introduction enough.

Unlike Miss Drew, I instructed Mr. P., not to remove furniture, but to bring something into the large, dark, north room. Why, bless you! there was absolutely nothing in the room but a stove, which we needed, and a sewing-machine. I had at least one thing for which to be thankful.

Kind neighbors came in. The husband and one of these I asked to clean the room with a lysol solution. They did, and to the credit of a queen. Nor did they stop at this, but kept on, giving the same careful attention to porch and outside windows, until I checked them and turned their energy to more profitable use. Another neighbor I set to work making dressings after my pattern.

Then to the kitchen I went, not to find a "Callie," but confusion and filth and nothing with which to work.

One of the children went for the doctor's sterilizer; this I put to every available use, until the goods were ready. I boiled the basins the doctor sent, tying them into a pillow case to keep them clean. I spent no time looking for the bath-room for I would still be looking. That kindest of all kind doctors brought his own sterile towels.

The family possessed two wheat sacks, instead of towels, but hurriedly purchased four new ones. Imagine my chagrin and the physician's delight at using new crash towels! Away with such abomination! Their motive was good, but the idea was intolerable.

I shall not go into details as to salt solution, cold sterile water, hot water and the necessities for an emergency. My patient was bathed and prepared as well as the pain would permit, and I had a few minutes to get acquainted.

The physicians arrived at about 2 o'clock, not with another nurse, however—but I was happy to know I had not kept them waiting, and was ready, despite inconveniences.

Shall I ever forget that operating room? It was, in every sense, of the word, the limit, as it exhausted the supplies of the neighborhood. The anesthetizer's table was a broken chair, covered; the instrument and sterile-goods stand, a dining table; the basin stand, a tool-box, covered with a sheet; the light, a cloudy day, and sheets tacked to walls; the refuse basin, a tub which had a trick of getting under foot.

The abdomen was opened, the pus fell out.

Well, to make a long story short, the boy came through beautifully, far beyond the expectation of the attending physician.

I dismissed myself from the case after one week, because the people were extremely poor, and were too humble to take that liberty, though, let me add, not too humble to dupe the nurse, who received only a very small fee for her services.

If patience and untiring efforts collect old debts, my financial reward is not far away.

Colorado.

L. L. R.

PROTECTION TO THE NURSE IN OUT-DOOR CASES

DEAR EDITOR: I would like very much to bring about through the pages of the JOURNAL a free discussion in regard to the nurse's risk to her own health in care of pneumonia patients treated by cold air. We need suggestions that will be helpful to ensure the nurse's comfort as well as her health in this later method of treatment.

I am in charge of a central directory and, contrary to the spirit of the past, when nurses were pleased to take pneumonia cases, there is a desire to refuse them. When asked to take such a case, a nurse will frequently reply, "Oh, I cannot go on another pneumonia case. I have not been well since I had the last one," which may have been a year ago, or more recently. Having had such an experience myself, I know whereof they speak. Being a fresh-air fiend, I was delighted to be called to nurse a case treated by this method, but I became chilled through and through, and at the end of two weeks I had a violent attack of influenza, followed by pneumonia, with its long convalescence.

Cannot our sister nurses take up this matter and discuss it to the advantage of those who take these cases?

New York.

REGISTRAR.

(An interesting letter on the subject of hospital positions must be held until the writer sends her name and address.—EDITOR.)